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SERIAL NUMBER 10/779,360	FILING OR 371(c) DATE 02/13/2004 RULE	CLASS 435	GROUP ART UNIT 1657	ATTORNEY DOCKET NO. YU-P01-024
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/447,140 02/13/2003 and claims benefit of 60/516,296 11/03/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

05/12/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 6	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>BN</u>				

ADDRESS

28120

TITLE

In vitro test to detect risk of preeclampsia

FILING FEE RECEIVED 703	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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